STDs Among Men Who Have Sex with Men

Public Health Impact

In the early 1980s, rates of reportable STDs among men who have sex with men (MSM) declined as they did for the rest of the U.S. population. Reports from several U.S. cities and the Gonococcal Isolate Surveillance Project (GISP) indicate that since 1993, an increasing number of MSM are acquiring STDs.[1-4] These reports are consistent with analyses of available behavioral data that indicate an increase in the number of MSM participating in sexual behavior that places them at risk for STDs and HIV infection.[5] Several factors may have contributed to this change, including the availability of highly active antiretroviral therapy (HAART).[6] Because STDs and the behaviors associated with them increase the likelihood of acquiring and transmitting HIV infection,[7] the rise in STDs among MSM may signal an increase in the incidence of HIV infection among MSM.

Observations

- In 2000, six STD clinics in five U.S. cities (Seattle, Philadelphia, the District of Columbia, Long Beach, and Chicago) submitted chlamydia, gonorrhea, syphilis, and HIV data to CDC as part of the Monitoring Trends in Prevalence of STDs, Tuberculosis, and HIV Risk Behaviors Among Men Who Have Sex with Men Project (MSM Project). The MSM Project includes data collected as a part of routine care at participating clinic sites.
- Median STD clinic test positivity among MSM was 14% (range: 8-20%) for urethral gonorrhea; 7% (range: 5-13%) for rectal gonorrhea; 5% (range: 2-12%) for urethral chlamydia and 4% (0-12%) for HIV (Figure BB).
- Among MSM attending these STD clinics, the median STD clinic prevalence of syphilis was 2% (range: 0-4%) (Figure BB).
- STD and HIV positivity varied by race/ethnicity, but tended to be highest among African-American MSM (Figure BB).
- Positivity for urethral gonorrhea was higher for HIV-positive than HIV-negative MSM. Among HIV-positive MSM, median STD clinic positivity for urethral gonorrhea was 21% compared with 12% among HIV-negative MSM. Rectal and pharyngeal gonorrhea positivity was the same for HIV-positive and HIV-negative MSM. Positivity for urethral chlamydia was 6% for HIV-negative and 2% for HIV-positive MSM (Figure CC).
- The prevalence of syphilis was higher for HIV-positive than HIV-negative MSM. Among HIV-positive MSM, 6% had syphilis, compared with 1% of HIV-negative MSM (Figure CC).
- GISP also reports the percentage of *Neisseria gonorrhoeae* isolates obtained from MSM. Overall, the proportion of isolates coming from MSM increased from 4% in 1988 to 14% in 2000 in GISP clinics, with most of the increase occurring after

1993. The number of GISP clinics having >5% of GISP isolates from MSM rose from seven clinics in 1990 to 14 clinics in 2000. Among the 14 GISP clinics with >5% of isolates coming from MSM in 2000, the percentage of patients who were MSM ranged from 7% to 70%, with a median of 19% (Figure DD). Additional information on GISP may be found in the Gonorrhea section.

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[1]Centers for Disease Control and Prevention. Resurgent bacterial sexually transmitted disease among men who have sex with men- King County, Washington, 1997-1999. *MMWR* 1999;48:773-7.

[2]Centers for Disease Control and Prevention. Outbreak of syphilis among men who have sex with men – Southern California, 2000. *MMWR*;50:117-20.

[3]Centers for Disease Control and Prevention. Gonorrhea among men who have sex with men – Selected sexually transmitted disease clinics, 1993-1996. *MMWR* 1997;46:889-92.

[4]Fox KK, del Rio C, Holmes K, et. al. Gonorrhea in the HIV era: A reversal in trends among men who have sex with men. *Am J Public Health*. 2001;91:959-964.

[5]Stall R, Hays R, Waldo C, Ekstrand M, McFarland W. The gay '90s: a review of research in the 1990s on sexual behavior and HIV risk among men who have sex with men. *AIDS* 2000;14:S1-S14.

[6]Scheer S, Chu PL, Klausner JD, Katz MH, Schwarcz SK. Effect of highly active antiretroviral therapy on diagnoses of sexually transmitted diseases in people with AIDS. *Lancet* 2001;357:432-5.

[7]Fleming DT, Wasserheit JN. From epidemiologic synergy to public health policy and practice: the contribution of other sexually transmitted diseases to sexual transmission of HIV infection. *Sex Transm Infect* 1999;48:773-7.

[8]Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2000 Supplement: Gonococcal Isolate Surveillance Project (GISP) Annual Report 2000*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001 (in press).

Figure BB. MSM Project — Median STD clinic test positivity for chlamydia, gonorrhea, HIV and syphilis prevalence among MSM, by race/ethnicity, 2000

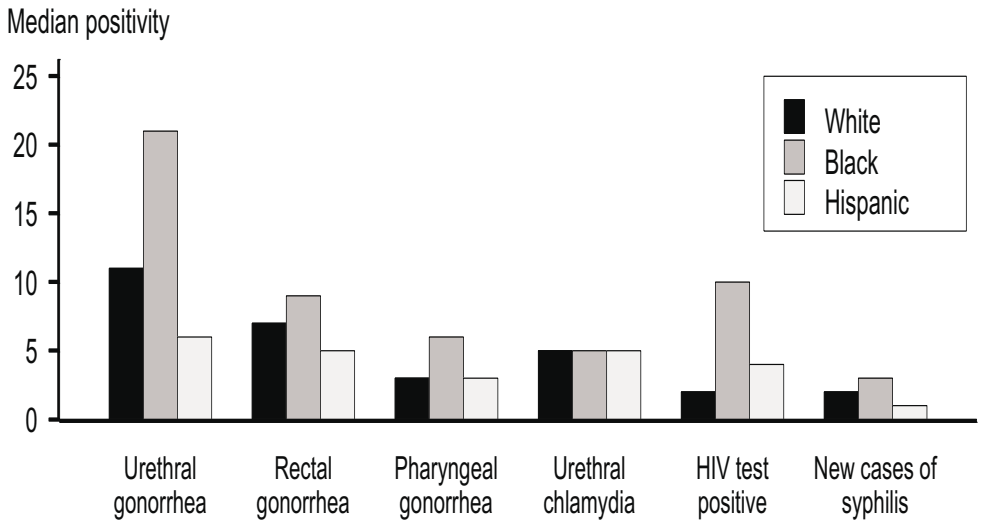


Figure CC. MSM Project — Median STD clinic test positivity for chlamydia, gonorrhea, and syphilis prevalence among MSM, by self-reported HIV status, 2000

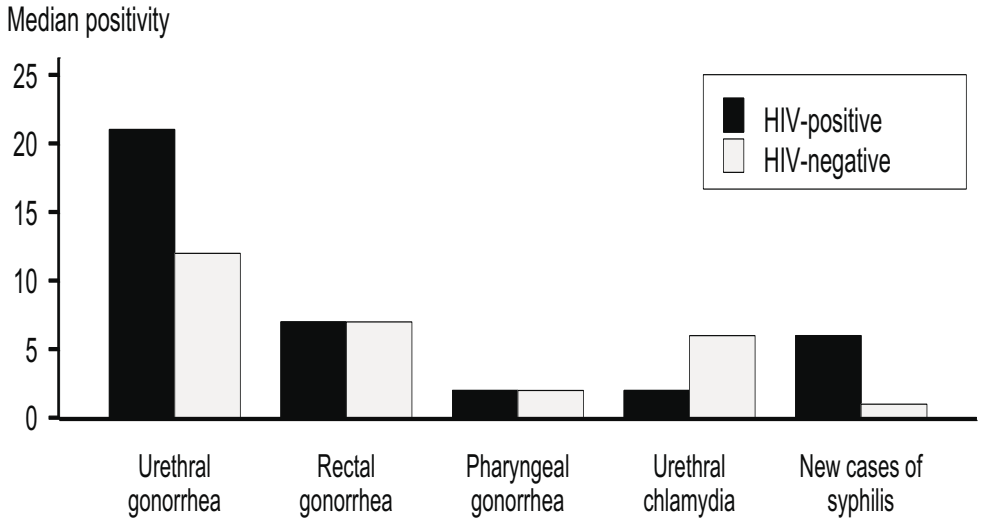
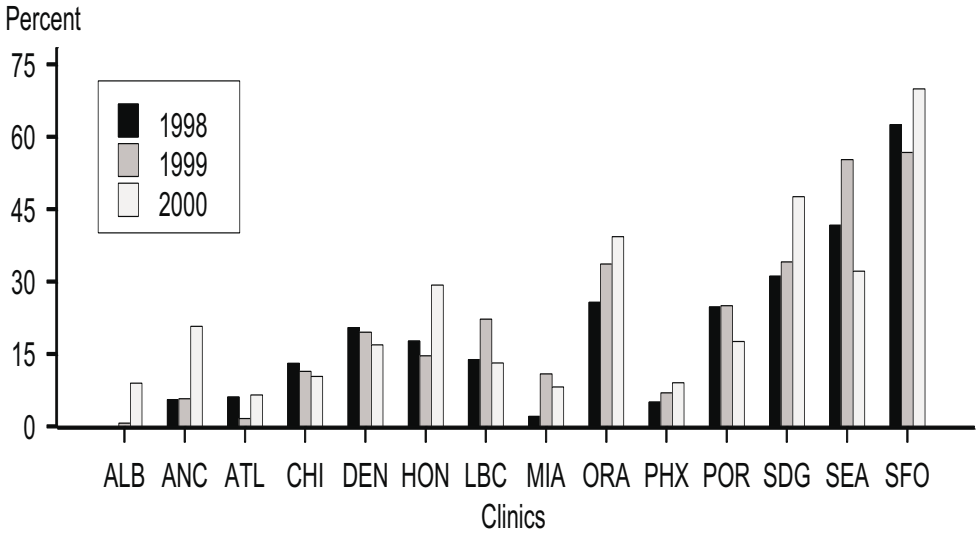


Figure DD. Gonococcal Isolate Surveillance Project (GISP) — Percent of *Neisseria gonorrhoeae* isolates obtained from MSM for STD clinics in 14 cities, 1998, 1999 and 2000



Note: In 2000, these 14 clinics reported 91.7% (633/690) of GISP gonorrhea cases in men who have sex with men (MSM). In 1998 ALB reported 0.0% MSM. Clinics include: ALB=Albuquerque, NM; ANC=Anchorage, AK; ATL=Atlanta, GA; CHI=Chicago, IL; DEN=Denver, CO; HON=Honolulu, HI; LBC=Long Beach, CA; MIA=Miami, FL; ORA=Orange County, CA; PHX=Phoenix, AZ; POR=Portland, OR; SDG=San Diego, CA; SEA=Seattle, WA; and SFO=San Francisco, CA.